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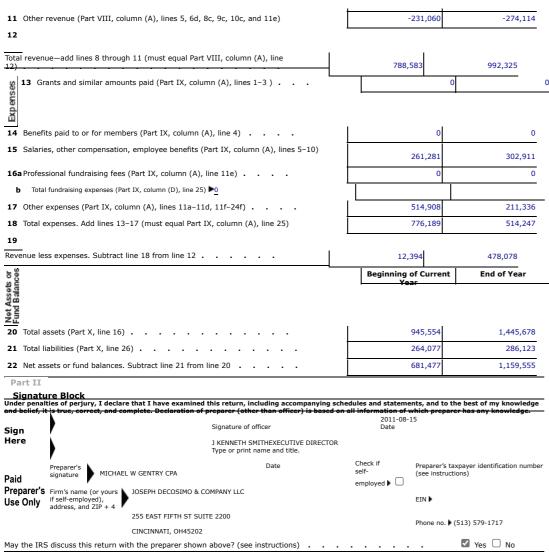
Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

2010

TIN: 20-1452663

2		efit trust or private found		e (except black	ung	
Department of the Treasury Internal Revenue Service				orting requiremen	ts.	Open to Public Inspection
A For the 2010 ca	lendar year, or tax year beginning	01-01-2010 and ending 1	2-31-2010			
B Check if applicable:	CName of organization	-				
Address change	Doing Business As		,			
Name change	Number and street (or P.O. box if mail is n 3724 ST LAWRENCE AVENUE	ot delivered to street address)	Room/suite			
☐ Initial return ☐						
Terminated U	City or town, state or country, and ZIP + 4 CINCINNATI, OH45205					
Application pending	D Employer identification number	E Telephone number		G Gross receipts	¢ 1 005 0	000
	20-1452663	(513) 251-3800		G Gross receipts	ў 1,003, :	
	F Name and address of principal of J KENNETH SMITH			_		
	819 GREER STREET COVINGTON,KY41011					
I Tax-exempt status:	501(c)(3)	o.) 4947(a)(1) or 527				
J Website:▶ WV	WW.PRICEHILLWILL.ORG					
H(a) Is this a gro	<u>.</u>		•			
affiliates? H(b) Are all affilia	Yes No					
Yes	_					
If "No," atta	ach a list. (see instructions)					
H(c) Group exem	<u>K1</u>	orm of organization: 🗹 Corpora	ation 🗆 Trust	Association	_	
	L Year of formation: 2004 Oth	State of legal domicile: OH				
Part I						
Summary 1 Printly do	south the every integral mission or me	et cignificant activities, THE	DDIMARY DURD	OCE OF BRICE HIL	1 \A/TII 1	ic .
Briefly des CREATING	scribe the organization's mission or mo G A CONSTRUCTIVE CHANGE FOR PRIC	E HILL COMMUNITY IN CINC	INNATI, OHIO E	BY ORGANIZING R	ESIDEN	TS
AROUND I	DIFFERENT AREAS SUCH AS: CHURCH	ES, HOUSING, SCHOOLS, AR	TS, BEAUTIFIC	ATION, BLOCK CLU	JBS, SAI	FETY,
- A						
ত জ						
e s						
The Briefly des CREATING AROUND 1 ETC.						
Act						
2 Check this box	(▶ □					
	ing members of the governing body (P	art VI, line 1a)	. 3		18	3
4 Number of inde	ependent voting members of the gover	rning body (Part VI, line 1b)			4	18
5 Total number of	of individuals employed in calendar yea	r 2010 (Part V, line 2a) .			5	6
6 Total number of	of volunteers (estimate if necessary)				6	1,491
	ed business revenue from Part VIII, co	lumn (C), line 12			7a	
Net unrelated busin	ness taxable income from Form 990-T, I	ine 34		7	ь	0
9				Prior Year	1	Current Year
Revenue						
Rev						
_	and grants (Part VIII, line 1h)			1,017,03	2	1,236,516
9 Program service	ce revenue (Part VIII, line 2g)				0	27,972
10 Investment inc	come (Part VIII, column (A), lines 3, 4,	and 7d)		2,61	1	1,951



 $\textbf{For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.} \ \ \text{Cat. No. } 11282 Yes a second of the privacy of$

Form **990** (2010)

Form	n 990 (2010)	Page 2
Pai	rt III Statement of Program Service Accomplishments	. age =
	Check if Schedule O contains a response to any question in this Part III $\ldots \qquad oxdot S$	
1	Briefly describe the organization's mission: THE PRIMARY PURPOSE OF PRICE HILL WILL IS CREATING A CONSTRUCTIVE CHANGE FOR	PRICE
	HILL COMMUNITY IN CINCINNATI, OHIO BY ORGANIZING RESIDENTS AROUND DIFFERENT AREAS SUCH AS: CHURCHES, HOUSING,	
SCH	OOLS, ARTS, BEAUTIFICATION, BLOCK CLUBS, SAFETY, ETC.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	IF THE SET THE SET OF STREET THE SET VICES ON Schedule O. · · · · · · · · · · · · · · · · · ·	
	the organization cease conducting, or make significant changes in how it conducts, any program services?	
•	If "Yes," describe these changes on Schedule O. · · · · · · · · · · · · · · · · · ·	

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ 144,507 including grants of \$) (Revenue \$ -241,639)

PRICE HILL WILL'S REAL ESTATE DEVELOPMENT PROGRAM IS DESIGNED TO STABILIZE THE HOUSING MARKET IN PRICE HILL, PROVIDE SUPPORT AND INCENTIVES TO ALL PARTS OF THE HOUSING MARKET, AND TO CREATE NEW CONFIDENCE IN THE MARKET. EXISTING HOMEOWNERS WILL FEEL COMPORTABLE WITH THEIR INVESTMENTS AND WANT TO STAY IN THE NEIGHBORHOODS, RENTERS WILL FEEL CONNECTED TO THE COMMUNITY AND WANT TO BECOME HOMEOWNERS, AND NEW BUYERS WILL BE ATTRACTED TO THE NEIGHBORHOOD. A CENTRAL PART OF THE REAL ESTATE DEVELOPMENT WORK INVOLVES THE BUY-IMPROVE-DEMOLISH-SELL STRATEGY WHERE DISTRESSED, FORECLOSED OR VACANT HOMES ARE PURCHASED, REHABILITATED OR RAZED AND SOLD TO NEW HOMEOWNERS. ADDITIONALLY, OTHER STRATEGIES ARE DESIGNED TO STABILIZE AND IMPROVE HOUSING CONDITIONS IN PRICE HILL INCLUDING REDUCTION OF BLIGHT, PROMOTION OF HOMEOWNERSHIP, ADVOCACY FOR CHANGE IN PUBLIC POLICY, PARTNERSHIPS WITH OTHER ORGANIZATIONS, AND INCREASING FOCUS ON IMPROVEMENTS TO THE BUSINESS DISTRICT. IN 2010, PRICE HILL WILL PURCHASED 13 HOMES, REHABILITATED 17 AND SOLD 9 TO HOMEOWNER OCCUPANTS. PRICE HILL WILL ALSO PURCHASED A 37 UNIT BUILDING WHICH IS GOING TO BE REHABILITATED AND TURNED INTO SENIOR APARTMENTS.

4b (Code:) (Expenses \$ 136,856 including grants of \$) (Revenue \$)

PRICE HILL WILL'S CIVIC ENGAGEMENT PROGRAM IS DESIGNED TO ACTIVELY INVOLVE COMMUNITY MEMBERS IN REVITALIZATION OF THEIR NEIGHBORHOOD. THE ORGANIZATION'S FOUNDING MEMBERS RECOGNIZED THAT PHYSICAL REVITALIZATION OF THE NEIGHBORHOOD WOULD NOT BE ENOUGH TO ACHIEVE SUSTAINABLE CHANGE - COMMUNITY MEMBERS AND NEIGHBORHOOD INSTITUTIONS NEEDED STRONG COMMUNICATION NETWORKS TO ACCESS WAYS TO IMPROVE AND MAINTAIN THE QUALITY OF LIFE THEY HOPE TO EXPERIENCE DAILY. OVER 2,000 SURVEYS WERE COMPLETED IN THE ORGANIZATION'S ORIGINAL PLANNING PROCESS TO DETERMINE WHAT THE COMMUNITY VALUED MOST ABOUT PRICE HILL. THEMES FROM THOSE SURVEYS HELPED TO FORM COMMITTEES THAT RESIDENTS WERE ENCOURAGED TO JOIN. THOSE COMMITTEES ARE KNOWN AS COMMUNITY ACTION TEAMS OR CATS. EACH CAT HAS SPECIFIC GOALS BASED ON ITS FOCUS AREA; THE GOAL OF THE PHW'S DIRECTOR OF COMMUNITY ENGAGEMENT IS TO PROVIDE FULL-TIME STAFF LEVEL SUPPORT, RECRUIT NEW MEMBERS, AND FORM CONNECTIONS BETWEEN THE CATS AND OTHER GROUPS. CURRENTLY THERE ARE 7 ACTION TEAMS (ARTS, BEAUTIFICATION, CHURCHES, ECOLOGICAL NEIGHBORHOOD, EDUCATION, HOUSING, AND SAFETY) WORKING WITH PRICE HILL WILL COMMUNITY ORGANIZERS AND OTHER STAKEHOLDER GROUPS TO PLAN AND IMPLEMENT COMMUNITY BUILDING INITIATIVES. PRICE HILL WILL STAFF ALSO WORKS WITH THE NEIGHBORHOOD'S BUSINESS ASSOCIATIONS. EXAMPLES OF THE WORK BEING DONE BY THESE GROUPS INCLUDE INSTALLMENT OF ARTWORK IN THE BUSINESS DISTRICT, COORDINATING EDUCATIONAL PROGRAM WITHIN THE COMMUNITY GARDENS, AND ORGANIZING CRIME PREVENTION STRATEGIES. ALL PROGRAMMING TAKES PLACE WITHIN EAST, WEST, AND/OR LOWER PRICE HILL THOUGH SOME CAT INITIATIVES ARE ALIGNED WITH CITY AND STATE LEVEL ADVOCACY EFFORTS AFFECTING COMMUNITY DEVELOPMENT IN PRICE HILL (I.E. HOUSING). IN 2010, 21 EVENTS WERE ORGANIZED BY PHW CATS IN COLLABORATION WITH OTHER COMMUNITY GROUPS. 1491 VOLUNTEERS PARTICIPATED IN THE PLANNING AND/OR IMPLEMENTATION OF THESE EVENTS.

4c (Code:) (Expenses \$ 110,003 including grants of \$) (Revenue \$)

THE PRICE HILL CENTER FOR FINANCIAL STABILITY WAS A NEW PROGRAM TASKED WITH THE CHALLENGE OF DEVELOPING A COLLABORATIVE SERVICE MODEL THAT COULD INCORPORATE SERVICES ACROSS DIFFERENTS, ORGANIZATIONS. BEST PRACTICE MODELS FOCUS ON THREE BROAD AREAS OF SERVICE: WORKFORCE DEVELOPMENT, WORK SUPPORTS, AND FINANCIAL EDUCATION. IN PARTHERSHIP WITH SANTA MARIA COMMUNITY SERVICES, THE CFS BECAME A SATELLITE RECRUITING SITE FOR CINCINNATI WORKS, AN EXPERIMENTAL ARRANGEMENT DESIGNED TO INCREASE ACCESS TO SPECIFIC SERVICES AROUND JOB READINESS. IN ADDITION, TO FACILITATE CLIENT RECRUITING. WERE INITIATED IN MAY 2010 AS A MEANS TO ENROLL CFS PROGRAM PARTICIPANTS, TEACH BASIC CONCEPTS, AND SERVE AS A CLEARING-HOUSE OF INFORMATION ABOUT VARIOUS SERVICES.

(Code:) (Expenses \$ 61,644 including grants of \$) (Revenue \$)

PRICE HILL WILL'S ECONOMIC DEVELOPMENT PROGRAM PROVIDES BUSINESS ASSOCIATION STAFF SUPPORT, GRANT WRITING TECHNICAL ASSISTANCE FOR COMMUNITY COUNCILS/BUSINESS ASSOCIATIONS, HELP WITH PLANNING & DESIGN PROJECTS, MATCHING GRANTS (WHEN FUNDS ARE AVAILABLE), AND REFERRALS TO SMALL BUSINESS DEVELOPMENT INCENTIVE PROGRAMS. PHW IS NOW RECOGNIZED AS A KEY PARTNER IN BUSINESS DISTRICT DEVELOPMENT BY THE PRICE HILL COMMUNITY AND THE CITY OF CINCINNATI. ACHIEVEMENTS INCLUDE: REESTABLISHMENT OF THE EAST PRICE HILL BUSINESS ASSOCIATION, FACADE IMPROVEMENT, AND CREATION OF 2 MASTER DESIGN PLANS (CURRENTLY IN THE EARLY STAGES OF IMPLEMENTATION).

- **4d** Other program services. (Describe in Schedule 0.)
- (Expenses \$ 61,644 including grants of \$) (Revenue \$)
- 4e Total program service expenses \$ 453,010

orm 990 (2010) Part IV Checklist of Required Schedules				Page
	1	Yes	No	
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," com Schedule A	plete	1	Yes	-
				2
s the organization required to complete Schedule B, Schedule of Contributors? 🐿	2	Yes		
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cand for public office? If "Yes," complete Schedule C, Part I	idates	3		
		l	No	4
ection 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, art II	4	L	No	
		5		_
s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II	5			
		6		-
old the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to rovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete chedule D, Part 1	6		No	
		7		_
id the organization receive or hold a conservation easement, including easements to preserve open space, ne environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No	
		8		_
id the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> " <i>Yes," complete chedule D, Part III</i>	8		No	
		9		_
oid the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or rovide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," omplete Schedule D, Part IV.	9		No	
				_
		10	-	
id the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? "Yes," complete Schedule D, Part V^{\square}	10		No	
If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, V or X as applicable:	II, IX,			_
		<u> </u>		
		, [
a Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete D, Part VI.	Schedu	le 11 a	Yes	
			-	_

b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its	s total	1	-	_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	s total	11b		
				No	_
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of it	ts	l		_
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		11c		_
				No	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report	orted	11d		_
	in Part X, line 16? If "Yes," complete Schedule D, Part IX. 🐯		110		_
				No	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	%	11e	Yes	=
					_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addres the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part		11f		_
No	12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co. Schedule D, Parts XI, XII, and XIII	mplet	е	12a	_
110					
	Yes b				
ļ	Was the organization included in consolidated, independent audited financial statements for the tax if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is				
12b	No. 7 th the second of the sec				
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				
Did the o	organization maintain an office, employees, or agents outside of the United States?	4a	1	No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and progressivities outside the United States? If "Yes," complete Schedule F, Part I	ram	14b		
	Service activities outside the officed states: If Test, Complete Schedule 1, Part 1		140		_
				No	
	oid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organizat r entity located outside the U.S.? If "Yes," complete Schedule F, Part II		15		_
		L			16
				No	
Did the dindividua	organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to als located outside the U.S.? If "Yes," complete Schedule F, Part III	.6		No	
		1	7		
Did the o	organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX,	_	I	No	
	organization report a total of more than \$15,000, of expenses for professional fundralising services on Part IX, (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				
		1	В		
	organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, and 8a? If "Yes," complete Schedule G, Part II	8		No	
			9		

Page 4		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No	
		Forn	n 990	(2010)
Part IV Checklist of Required Schedules (continued)			20a	Page 4
Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No	
		b		•
Did the organization attach its audited financial statement to this return? Note: All Form 990 filers that operate one or more hospitals must attach audited financial statements.	20b			
		21		
Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No	
		22		.'
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organiz current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	ation's	23		•
			No	24a
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25	24a		No	
		b		•
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
		С		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt honds?	24c			
		d		•
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
		25a		
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," c Schedule L, Part I				
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employed disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule Part II		or	26	_
No Did the organization provide a grant or other assistance to an officer, director, trustee, key empl contributor, or a grant selection committee member, or to a person related to such an individual Schedule L, Part III				
27 No No				
Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			<u>-</u>	

а	A cur	rent or	former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a
	No	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		¬ 1	
28b		No	c			
			—An entity of which a current or former officer, director, trustee, or key employee (or a family men officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	nber the	ereof) was	s an
28c		No	29			
<u> </u> _			Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sc. 30	hedule I	М	
29		No	- -			
			eceive contributions of art, historical treasures, or other similar assets, or qualified conservation "complete Schedule M	30		No
				<u> </u>	31	
Did the		ation li	quidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		No
				<u> </u>	32	
			ell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	32		No
				<u> </u>	33	
			wn 100% of an entity disregarded as separate from the organization under Regulations sections 7701-3? If "Yes," complete Schedule R, Part I	33		No
				<u> </u>	34	
Vas the /, line 1		zation i	related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and	34		No
					35	
s any re	elated o	organiza	ation a controlled entity within the meaning of section 512(b)(13)?	35		No
а		_	nization receive any payment from or engage in any transaction with a controlled entity within the 2(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes No	meanir	ng	
	36		In 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate ration? If "Yes," complete Schedule R, Part V, line 2	le relate	ed	36
	No	37	Did the organization conduct more than 5% of its activities through an entity that is not a relate is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>		ization an	d that
		37	No 38			
			Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lin All Form 990 filers are required to complete Schedule O.	es 11 a	nd 19? N e	ote.
38	Yes				Forn	n 990 (2010)
orm 99	90 (201		-			Page 5
Part	V S	tatem	nents Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			-9
No	1a	Enter t	he number reported in Box 3 of Form 1096. Enter -0- if not applicable.			/es
	=		1a		19	

																		1	
	b	Ente	r the nu	ımber o	f Forms	W-2G in	ncluded i	in line 1a	a. Ente	<i>r -0</i> - if n	ot appl	icable.		l				<u>'</u> _1	
														1b				0	
	с	Did t	he ora	anization	compl	y with ba	ackup wi	ithholdin	na rules	for repo	ortable	pavme	nts to v	endor:	s and re	portable	e gamino	a I	
						ze winner						·							1c
Vac		2a	Enter	the num	ber of	employee	es repor	rted on F	Form W	-3, Trans	smittal	of Wag	e and	Tax					
Yes			return		eu ioi i	tile caleii	iuai yeai	rending	WILITO	ı wiciiii	tile yea	ii covei	eu by t	LIIIS	2a				6
		_			•														
			b																
			If at le	ast one	is repo	rted on li	ine 2a, d	did the o	organiza	ation file	all requ	uired fe	ederal e	employ	ment tax	x return	ıs?		
İ	i		Ì	Ì	Ì	:3a a ai	nd 2a is	greater	than 2	50, you	may be	e requir	ed to e	-file. (s	see instr	uctions	6)		
2b	Yes			ļ	1			-			•	·		•			•		
					zation h	nave unre	elated bu	usiness (gross ir	ncome of	f \$1,00	0 or mo	ore dur	ing the	!				
			year?															•	•
_			b																
3a		No	If "Yes	," has it	filed a	Form 990	0-T for t	his year	? If "No	o," provid	de an e	xplana	tion in :	Schedu	ıle O .				
			3b	l	ı	4a		•				•							
																	_	_	
						organiza				n, or a s	ignatur	e or ot	her aut	hority	over, a				
inancia		ntinar •••	oreign	country	(sucn a	s a bank	c account	t or secu	urities							4a		No	0
	•																		
b						ign coun ents for F			0 1 D		:	DI		:_ 1 ^					
	See ir	istructio	ons for	ming red	quireme	ents for F	FORM ID	r 90-22	2.1, Kep	port or F	oreign i	вапк а	na rina	nciai A	ccounts.				
	5a	Was th	e organ	ization a	aparty	to a proh	hibited to	ax shelte	er trans	saction a	at any ti	ime du	ring the	e tax y	ear? .			5a	•
	1	No	ь																_
			_																
	Did any	/ taxabl	e party	notify t	he orga	anization	that it w	was or is	a part	y to a pr	ohibite	d tax s	helter t	ransac	tion?		5b		
																	<u> </u>	No	0
																		Ц	
С	If "Ye	s" to lin	e 5a or	5b, did	the org	ganizatio	n file For	rm 8886	5-T? .			•					5c		
_																	1 - 1		
						oss recei t tax ded							, and di	ia the d	organiza	tion	6a		
	ь	-											t that a	ush so	ntributio		iftawar		_
No	b			uctible?		on include		· ·	· ·	· ·				• •		, is or g	. were		6b
	-																		
		7	Orgai	nization	s that	may red	ceive de	eductibl	le cont	tributio	ns und	er sec	tion 17	70(c).				-	
		ĺ	ı	ĺ	а														
			ı						-75										
		Did th provid	5			a payme		cess or s					ution ai	na part	iy for go	oas an	a service	es 7	a
	No	ь				ganizatio									widad?			<u> </u>	
	INO			res, uiu		yanızanı	ni noury	the don	וטו טו נו	ie value	or the g	goods (or servi	ces pro	ovided?		• •	•	
		7b			С														
S. 1.1																i	1	ı	
	organiz 282? .					wise disp									to file	7c		No	0
			•		·		•	-	-	-	-	-	-		-	-			
d	If "Ye	s," indic	ate the	numbe	r of For	ms 8282	2 filed du	uring the	e year				7d				т	Т	
								-									\dashv		
	е					e any fur					y premi	iums or	n a pers	sonal b	enefit		•		
		conti	act? .						•		•					•			7e
																		1	

Page 6			

f	Did the organization, during	the year, pay premiums, direc	tly or indirectly, on a per	sonal benefit con	tract?
No 7f	No g				
f the organization receivequired?	ved a contribution of qualified	intellectual property, did the or	ganization file Form 889	9 as 7g	
h If the organiza 1098-C?		f cars, boats, airplanes, or othe	r vehicles, did the organi	zation file a Form	7 h
organiza	ess business holdings at any t	ning donor advised funds an ganization, or a donor advised f time during the 	und maintained by a spo		ition,
id the organization ma	 a ke any taxable distributions un 	nder section 4966?		9a	1 1
-	•	donor, donor advisor, or relate	ed person?		9b
•	501(c)(7) organizations. E				
a Initiati	on fees and capital contribution	ons included on Part VIII, line 1	2)a	
b Gross	receipts, included on Form 99	0, Part VIII, line 12, for public	use of club facilities 10	ОЬ	
11 9	Section 501(c)(12) organiz	rations. Enter:		•	
	a Gros	s income from members or sha	reholders		. 11a
, ,					to other sources
	- · · · · · · · · · · · · · · · · · · ·	against amounts due or re	ceived from them.) .		
11b		120			
ection 4947(a)(1) no	 on-exempt charitable trust	s. Is the organization filing Form	m 990 in lieu of Form 104	41? 12a	
b If "Yes," enter	the amount of tax-exempt int	erest received or accrued durin	g the year.		'
			120		13
Section F01(a)(20) au	ualified nonprofit health ins			1	
ection 501(c)(29) qt	iaimed nonpront nearth ins	surance issuers.		l a	1 1
Note. All 501(c)(29) org		lans in more than one state? ale O each state in which they a n state, and the amount of rese			
		organization is required to mai o issue qualified health plans.	ntain by the 13b		
Enter the aggregate amo	ount of reserves on hand.		13c	14a	
Did the organization rec	eive any payments for indoor	tanning services during the tax	year?	14a	
b If "Yes," has it	filed a Form 720 to report the	ese payments? If "No," provide	an explanation in Schedu	ıle O	14b
					Form 990 (2010)
orm 990 (2010) Part VI Governa	nce, Management, and	Disclosure For each "Yes"	response to lines 2 th	rough 7b belov	Page 6
Section A. GOVER	ing Body and Managen	describe the circumsta	nces, processes, or ch	nanges in Scher	dule O. See
instructio	ns.				

Check if Schedule O contains a response to any question in this Part VI

b Enter the number of voting members included in line 1a, above, who are independent 1b 18	Į		1a	Enter t	the num	ber of vo	oting mem	bers of th	e govern	ning body •	at the e	end of th	he tax y	ear	1a			1	18
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other bid any officer, director, trustee, or key employee? 2				b	Enter	the num	ber of voti	ng memb	ers inclu	ded in line	e 1a, ab	bove, wh	ho are in	ndepen	dent	1b			_
The potential become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization sassets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 9 Did the organization thave members of the governing body? 9 Did the organization thave during the wear by 10 Did the organization thave in the meetings held or written actions undertaken during the year by 10 Did the organization thave during the meetings held or written actions undertaken during the year by 11 Did Did become the promittee with authority to act on behalf of the governing body? 12 Did the organization thave local chapters branches, or key employee listed in Part VII, Section A, who cannot be reached at the organization in smalling address? If "Yes," provide the names and addresses in Schedule O 12 Did Did be the organization have local chapters, branches, or affiliates? 13 Did Did be the organization have local chapters, branches, or affiliates? 14 Did Did be the organization have local chapters, branches, or affiliates? 15 Did				ı	any offi	cer, direc		e, or key	employe	e have a	family r	relations	ship or a	busine	ss rela	tionship	with ar	ny othe	ır
Did the organization make any significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 No 6 Does the organization have members or stockholders? 6 No 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Does the organization of the governing body subject to approval by members, stockholders, or other persons? 7b No 8 No Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b No 8 No Bottom contemporaneously document the meetings held or written actions undertaken during the year by became the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Does the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Politices (This Section B requests information about policies not required by the Internal Press, and branches to ensure their operations are consistent with those of the organization? 10 Does the organization have local chapters, branches, or affiliates? 10 December of the organization have written policies and procedures governing body before filing the form? 11a Pres December of the organization have written policies and procedures governing body before filing the form? 11a Pres December of the organization have written policies and procedures governing body before filing the form? 11b Pres, does the organization have written conflict of interest policy? If "No," go to line 13	2		No	office 3 Did the	er, dire	ctor, trus zation de	tee, or key	employe	ee? . manager	nent dutie	es custo	omarily į	perform	ed by o	· · · or unde	· · ·			
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 S No	<u> </u>				ers, une			or key en	ipioyees	to a mane	agemen	к сопра	arry or ot	inei pe	15011:				
No 6 Does the organization have members or stockholders?									_							4		No	_
7a			-						_	diversion	of the o	organiza	ation's as	ssets?	•		5	_	
governing body? To	No	-		_								• •	• •				•		
No	 	No	7a _	goverr								ns who r		t one	or more	memb	ers of th	ne •	
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11a Yes	7a		No		y decisio	ons of the	e governin	g body su	ıbject to	approval	by mem	nbers, st	tockhold	lers, or	other	persons	?		
The governing body? Baa Yes Bab Yes The governing body? Bab Yes Bab Yes Person B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? In a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? Person Has the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Yes 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Does the organization have a written whistleblower policy? 16 Does the organization have a written whistleblower policy? 17 Does the organization have a written whistleblower policy? 18 Does the organization have a written whistleblower policy? 19 Does the organization have a written whistleblower policy? 10 Does the organization have a written whistleblower policy? 11 Does the organization have a written whistleblower policy?		Į.		7b		No	8												
The governing body? Ba Yes Bab Yes B			ation co	ontempo	oraneou	sly docur	ment the n	neetings l	held or w	ritten act	ions und	dertaker	n during	the ye	ar by				
b Each committee with authority to act on behalf of the governing body?		-	verning	n hody?													 8a	Yes	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No	_																	<u> </u>	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? No 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? I1a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy?			Lucii				v to act or	hehalf o	f the any	erning ho	ndv?							l Sh	_
Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? No b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Yes Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes		9	Is ther	e any o	fficer, dir	ector, trus	tee, or ke	ey emplo	yee listed	in Part						ed at the		_ _
Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? No b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Yes Does the organization have a written conflict of interest policy? If "No," go to line 13	<u> </u>	<u> </u> 	-	Is ther	e any o	fficer, dir	ector, trus	tee, or ke	ey emplo	yee listed	in Part						ed at the		- -
No b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9	ion B.	No	Is ther organi	re any o zation's	fficer, dir mailing a	ector, trus address? I	tee, or ke f "Yes," p	ey emplor rovide th	yee listed e names a	in Part and add	dresses i	in Sched	lule O			ed at the	е	- - -
and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13	9 Sect Reve	nue Co	No Polici	Is ther organi	re any o zation's	fficer, dir mailing a	ector, trus address? I	tee, or ke f "Yes," p	ey emplo rovide th	yee listed e names a	in Part and add	dresses i	in Sched	lule O			ed at the	Yes	<u>-</u>
Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	9 Sect Reve	nue Co 10a	No Policiode.) Does th	Is ther organi les (Th	re any o zation's is Sect	fficer, dir mailing a lon B re have loca	ector, trus address? I equests ir	tee, or ke f "Yes," p nformations, branche	ey emplor rovide th	yee listed e names a t policies iliates?	in Part and add	equired	in Sched	Iule O	nal			Yes 10a	-
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Does the organization have a written conflict of interest policy? If "No," go to line 13	9 Sect Reve	nue Co 10a	No Policiode.) Does th	Is ther organi es (The organi If "Y and	is Sections is Sectionization fes," does branche	fficer, dir mailing : lon B re have loc. es the org es to ens	ector, trus address? I equests ir al chapter: ganization ure their c	tee, or ke f "Yes," p formation s, branch have writ perations	ey emplorovide the police of t	yee listed e names a t policies filiates? cies and p	in Part and add s not re	equired res gove e of the	in Sched	e Inter	nal 	such ch	· napters,	Yes 10a affiliate	-
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	9 Sect Rever No	No No	No Policiode.) Does th	Is ther organi es (The organi If "Y and 11a Has the	re any o zation's ris Sect nization 'es," doe branche	fficer, dir mailing a lon B re have loc. es the org es to ens	ector, trus address? I equests in al chapter: ganization ure their c	tee, or ke f "Yes," p formations, branching have write perations	on abou es, or aff tten polic s are cons	yee listed e names a t policies iliates? cies and p sistent wil	s not re	equired res gove e of the	in Sched by the crining the organiza	Inter Inter active action?	nai ities of	such ch	· napters,	Yes 10a affiliate	-
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	9 Sect Rever No	No No	No Policiode.) Does th	Is ther organi es (The organi If "Y and 11a Has the	re any o zation's ris Sect nization 'es," doe branche	fficer, dir mailing a lon B re have loc. es the org es to ens	requests in all chapters and chapters all chapters ganization ure their convided a control the proces.	tee, or ke f "Yes," p formations, branching have write perations	on abou es, or aff tten polic s are cons	yee listed e names a t policies iliates? cies and p sistent wil	s not re	equired res gove e of the	in Sched by the crining the organiza	Inter Inter active action?	nai ities of	such ch	· napters,	Yes 10a affiliate	-
Schedule O how this is done	9 Sect Reve No	No Yes	No Polici ode.) Does th	Is ther organi es (The organi f "Y and 11a Has the b Describ	re any or zation's is Sect nization 'es," doe branche e organi	fficer, dir mailing a from B re have loc. es the org ss to ens zation pr	equests ir al chapters ganization ure their covided a control the process the	tee, or ke f "Yes," p iformation s, branch have writ perations copy of th sss, if any,	ey emplor rovide th	yee listed e names a t policies t policies and p sistent will policies and p to all the organ	in Part and add s not re rocedur th those membe	equired res gove e of the	in Sched by the crining the organiza	Inter Inter active action?	nai ities of	such ch	napters,	Yes 10a affiliate	-
Yes 13 Yes 14	9 Sector Reversion No 10b	No Yes e organi Are of	No Polici de.) Does the	Is there organians of the organians of t	re any or zation's section's section's section's section sec	ion B re have loc. es the organization promedule O conflict o stees, an	equests ir al chapters ganization ure their covided a co	tee, or ke f "Yes," p formatic s, branch have writ perations copy of th ss, if any, policy? If ployees re	on aboutes, or affitten policis are consists Form Survey with the construction of the	yee listed to names a to line 13 o disclose	in Part and add s not re	equired res gove e of the ers of its n to revie	in Sched by the critical the organization of	lule O Inter e active ng bod	nal ities of y befor	ssuch ch	the form	Yes 10a affiliate	es,
	9 Sector Reversion No 10b	Yes e organi Are of conflict	No Policide.) Does the book statement of the control of the contro	Is there organi If "\" and 11a Has the b Descrit	re any or	fficer, dir mailing a fon B re have loc. es the orges to ens zation pr nedule O conflict o stees, an	requests in all chapters ganization ure their control of the process of the proce	tee, or ke f "Yes," p f f "Yes," p f f f f f f f f f f f f f f f f f f	on abou es, or aff tten polices are cons used by "No," go equired to	yee listed e names a tropicles illiates? cies and p sistent will be possible to line 13 o disclose and enfo	in Part in Par	equired	by the control of the	e activo	nai y befor y befor no y ter "Y." '? If "Y."	such ch	the form	Yes 10a affiliate nn?	ees,
Does the organization have a written document retention and destruction policy:	9 Sect No No Does the b	Yes e organi Are of conflict	No Polici de.) Does the best of the control of the	Is there organi If "Ya has the b Describe have a director	re any or carrier section's section's section's section sectio	fficer, dir mailing a lon B re have loc. es the orges to ens zation pr medule O conflict o stees, an 	requests in all chapters ganization ure their convoided a convoide	tee, or ke f "Yes," p f "Yes," p formation s, branch have write perations copy of th sss, if any, policy? If ployees re nsistently	ey employ envide the construction of the const	yee listed e names a transfer policies and policies and policies and policies and the organization of the line 12 or disclose and enfo	in Part and add s not re procedur th those membe nization annuall proce com	equired	by the control of the	e activo? ng bod could e policy	nai y befor y befor no y ter "Y." '? If "Y."	such ch	the form	Yes 10a affiliate nn?	ees,
Yes 15	9 Sect No No Does the b	Yes e organi Are of conflict	No Political Po	Is there organi If "Yand 11a Has the b Descrit b ts the organi Addirector S the organi Tyes	re any or cartion's section's section's section's section's section se	fficer, dir mailing a final property of the pr	equests in all chapters ganization ure their covided a c	tee, or ke f "Yes," p formatic s, branch have wri pperations copy of th ss, if any, policy? If lloyees re nsistently	ey emploor rovide th	yee listed to line 1: t policies filiates? cies and p sistent will the organ to line 1: o disclose and enfo r policy?	in Part and add s not re	equired res gove e of the ers of its n to revie	in Sched	e activorm 99	nal y befor y befor if "Yo	e filing	the form	Yes 10a affiliate nn?	ees,

	Yes	_ 	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	
			Other officers or key employees of the organization	
1	1	1	Other officers of key employees of the organization	
15b		No		
			If "Yes" to line a or b, describe the process in Schedule O. (See instructions.)	
16a		No	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in ininit venture arrangements under applicable federal tax law, and taken steps to safeguard the take with respect to such arrangements?	
₁ ≶ec	tion le	: States	₩ HIF which a copy of this Form 990 is required to be filed OH	Own website Another's website Vpon request
			18	
availat Descri policy, State t	ole for pube in Sch and fina the name	ublic ins hedule ancial st e, phys	an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 19 spection. Indicate how you make these available. Check all that apply. 20 owhether (and if so, how), the organization makes its governing documents, conflict of interest attements available to the public. 10 cal address, and telephone number of the person who possesses the books and records of the organization:	
	KIRK KR 617 STE CINCINN (513) 55	INER A	M45204	

	Page 7 ————
Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	Page 7
Endangesidentic Continents of Services of the Part VII	ompensated Employees, and
1aSertineneAniOfficers, aPiperstorse-Trinstees, Kexu. Employeese eard. Highest-Geometrates	
year. • List all of the organization's current baycemplayees. If, anystees in the organization of "keakamay,"	PYega"dless of amount

compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee.

(A) Name and Title	(B) Average	Positio	n (ch	(C) eck a		at ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) H A MUSSER JR BOARD GOVERNANCE	2.00	Х						0	0	0
(2) SR SALLY DUFFY DIRECTOR	2.00	Х						0	0	0
(3) MIMI HART DIRECTOR	2.00	Х						0	0	0
(4) JEFF CRAMERDING DIRECTOR	2.00	Х						0	0	0
(5) SR MARY JO GASDORF DIRECTOR	2.00	Х						0	0	0
(6) DAN ANDRIACCO DIRECTOR	2.00	х						0	0	0
(7) DON JOHNSON DIRECTOR	2.00	х						0	0	0
(8) RUTHENIA A JACKSON DIRECTOR	2.00	х						0	0	0
(9) JOHN PLOEHS DIRECTOR	2.00	Х						0	0	0
(10) CARL KISSINGER DIRECTOR	2.00	Х						0	0	0
(11) MAUREEN COZ DIRECTOR	2.00	Х						0	0	0
(12) TRICIA CRUISE DIRECTOR	2.00	Х						0	0	0
(13) CYNDY DRIEHAUS DIRECTOR	2.00	Х						0	0	0
(14) BOB FITZPATRICK DIRECTOR	2.00	х						0	0	0
(15) SR KATHRYN ANN CONNELLY BOARD CHAIR	2.00	х		Х				0	0	0
(16) BILL BALDWIN BOARD VICE CHAIR	2.00	х		Х				0	0	0
(17) BILL BURWINKEL SECRETARY	2.00	х		Х				0	0	0

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Form 990 (2010) Part VII									Page 8			
Section A. Officers, Directors, Tr (A) Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Positi	on (ch	(C) all Ney employee	that	apply	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations			
(18) JOE HUBER TREASURER	2.00	х		х	_	_		0	0			
(19) KEN SMITH EXECUTIVE DIRECTOR	35.00			х			64,27	0	6,885			
1b Sub-Total				٠.		•						
c Total from continuation sheets	to Part VII, Se	ection A	١.			•						
d Total (add lines 1b and 1c) . Total number of individuals (inclu							64,27		0 6,885			
In reportable compensation from No 3	any former office e Schedule J for e sum of reportat reater than \$150	er, direct such ind	tor or dividual pensate "Yes,	trusted	d oth	empler con	oyee, or highest com or or highest com pensation from the ale I for such	npensated employee				
Section B. Independent Control Complete this table for your five \$100,000 of compensation from t	nighest compens		lepend	lent co	ntrac	tors th	at received more tha			(A) Name and business address	(B) Description of services	(C) Compensation
								2512 AIRY CINCINNAT	T,OH45239		HOUSING CONTRACTOR	384,889
								JEK CONST PO BOX 58 CINCINNAT	RUCTION 332 TI,OH45258		HOUSING CONTRACTOR	212,223
								1433 WALI	NCE PAINTING & CONSTR NUT ST T,OH45202	RUCTION	HOUSING CONTRACTOR	121,061
									number of independe		se listed above) who received more than \$100,000 in	

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Form 990 (2010)
Part VIII Statement of Revenue (A) Total revenue (B) Related or (C) Unrelated (D) Revenue exempt business excluded from function revenue tax under sections 512, 513, or 514 revenue 1a Federated campaigns . . Contributions, gifts, grants and other similar amounts **b** Membership dues . . . c Fundraising events . . . 1c 11,338 d Related organizations . . . e Government grants (contributions) 665,843 All other contributions, gifts, grants, and similar amounts not included above 559,335 Noncash contributions included in lines 1a-1f:\$ 2,858 1,236,516 Total. Add lines 1a-1f Business Code Program Service Revenue 2a DEVELOPER FEE FROM CIT 531,390 27,972 27,972 ${\bf f} \quad \hbox{ All other program service revenue} \; .$ g Total.Add lines 2a-2f 27,972 Other Revenue Investment income (including dividends, interest 1,951 1,951 and other similar amounts) Income from investment of tax-exempt bond proceeds $\ \ .$

5					
Royalties					
▶	(i) Real	(ii) Personal			
6a Gross Rents	(7)	(,	-		
b Less: rental			-		
expenses c Rental income					
or (loss)					
<u> </u>					
Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of					
b assets:otheror thatherveneterand					
C Saalers @x(doss)es					
d					
Net gain or (loss)					
8a Gross income from fundraising events					
(not including \$ 11,338					
of <u>contri</u> butions reported on line 1c). See	0				
b Less: direct expenses b	4,497				
c l	-4,497			-4,497	
Net income or (loss) from fundraising events					
9a Gross income from gaming activities.					
See Part IV, line 19					
I,					
<u>c</u>					
Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances .					
a	619,560				
b Less: cost of goods sold b	889,177				
c '	-269,617	-269,617	,		
Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code		
11a_				ĺ	,
b _					
c _					
d All other revenue					
e e					l
Total.Add lines 11a-11d					
12					
	992,325	-241,645	0	-2,546	
Total revenue. See Instructions					

Form **990** (2010)

-orm	990 (2010)							Page 10	
	t IX Statement of Functional Expenses	4.						_ -	
com	Section 501(c)(3) and 501(c)(blete column (A) but are not required to complete co			npiele all co	lumns.	All other or	ganization	s must	
Do r	ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	(-), (-,, (- ,-						
1	Grants and other assistance to governments and organizathe U.S. See Part IV, line 21	ations in							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						į		
3					 1	ļ			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members				<u> </u>				
5	Compensation of current officers, directors, trustees, and	l key	71,154		47,437	2	3,717		
6	employees Compensation not included above, to disqualified persons			İ					
7	defined under section 4958(f)(1)) and persons described Stations 4958(c)(3)(R)ges	ın L		1	192,704		191,997	707	
8	Pension plan contributions (include section 401(k) and se	ection 403/h)	1	4,756		4,756			
	employer contributions)	J	15.000	.,, 55		•	1 704		
9	Other employee benefits		15,026	<u> </u>	13,232		1,794		
10	Payroll taxes	1	.9,271	17,995		1,276			
11	Fees for services (non-employees):						· · · · · ·	_	
а	Management		<u> </u>			- 1			
b	Legal								
c	Accounting		7,500	5,20	00	2,300			
d	Lobbying								
e	Professional fundraising. See Part IV, line 17								
f	Investment management fees				1	Ţ			
g	Other	<u> </u>	65,943	56,32	25	9,618			
_	ı		3,700	3,700		3,010			
	Advertising and promotion					2.275			
3	Office expenses	1	4,748	12,472		2,276			
4	Information technology								
5	Royalties								
16	Occupancy		9,742	8,133		1,609			
7	Travel		2,713	2,555		158			
18	Payments of travel or entertainment expenses for any fed	eral, state, or							
19	local public officials	1	4,387		3,359		,028		
	Interest		3,122	3,122	-4-4-		•		
21	Payments to affiliates								
22	Depreciation, depletion, and amortization				7,182			7,182	
	Insurance		F		8,654	7,4	54	1,200	
	Other expenses. Itemize expenses not covered above. (Ex and labeled miscellaneous may not exceed 5% of total ex b@ib/iiC)PROPERTIES	penses shown	ed together on line 25 37,649	37,649	<u> </u>	1	1		
ь	PROGRAM SUPPLIES		22,020	21,611	<u> </u>	409			
	DUES AND MISC		9,501	3,802		5,699			
d	FURN. & EQUIP. RENTAL		7,645	7,086		559			
e	STAFF EDUCATION		6,830	5,125	 	1,705			

(A) (B) (C) (D)
Total expenses expenses (expenses expenses) (C) (D)

Management and general expenses (Fundraising expenses)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f		514,247	453,010	61,237		0	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the							
	combined educational campaign and fundraising solicitat	ion				Foi	rm 990 (2010)	

(B) Program service expenses (C) Management and general expenses (A) Total expenses (D) Fundraising expenses

Form	990 (2010)							Page 11		
Par	t X Balance Sheet									
Assets	Cash non-interest-bearing					428	3,907	1	491	,163
Ass										
2	Savings and temporary cash investments		I			103,558	2	1	105,002	
3	Pledges and grants receivable, net		ŀ			25,406	3		125,338	
4	Accounts receivable, net						4			
5	Receivables from current and former officers, directors, trustees, key employees, compensated employees. Complete Part II of Schedule L	, and highest	Ē				5			
6	Receivables from other disqualified persons (as defined under section 4958(f)(1) described in section 4958(c)(3)(B). Complete Part II of Schedule L) and person	s				6			
7	Notes and loans receivable, net		ŀ				7			
8	Inventories for sale or use		f			275,601	8		604,861	
9	Prepaid expenses and deferred charges		ļ			9,485	9	1	4,296	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedul	le D	L		10a			133,140		
b	Less: accumulated depreciation 10b	18,1	22	<u></u>	1	02,597 10	c		115,018	Ţ
11	Investments—publicly traded securities			1	1					
12	Investments—other securities. See Part IV, line 11			1	.2					
13	Investments—program-related. See Part IV, line 11	I .		13						
14	Intangible assets				14					
15	Other assets. See Part IV, line 11				15					
16	Total assets. Add lines 1 through 15 (must equal line 34)		945,55	16			1,445,	678		
es	Accounts payable and accrued expenses .			2	24,140	17			27,864	
Liabilities					•					
18	Grants payable				18					
19	Deferred revenue				19					
20	Tax-exempt bond liabilities				20					
21	Escrow or custodial account liability. Complete Part IV of Schedule ${\it D}$.				21					
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
	persons. Complete Part II of Schedule L				22				_	
23	Secured mortgages and notes payable to unrelated third parties			239,93	23			159,1	42	
24	Unsecured notes and loans payable to unrelated third parties				24				_	
25	Other liabilities. Complete Part X of Schedule D				25			99,1	17	
26	Total liabilities. Add lines 17 through 25			264,07	7 26			286,1	23	

(A) (B)
Beginning of year

Dowl V	Balance Sheet			

Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
_ 27	Unrestricted net assets	501,266	27	976,909
28	Temporarily restricted net assets	180,211	28	182,646
29	Permanently restricted net assets		29	
30	Organizations that do not follow SFAS 117, check here ▶ □ and complete		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	681,477	33	1,159,555
34	Total liabilities and net assets/fund balances	945,554	34	1,445,678

Form **990** (2010)

(A) (B)
Beginning of year End of year

		Page 12 ———
Part XI Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		Page 12
Total revenue (must equal Part VIII, column (A), line 12)		
2	1	992,325
tal expenses (must equal Part IX, column (A), line 25)	2	514,247
Revenue less expenses. Subtract line 2 from line 1		
4	3	478,078
et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	681,477
Other changes in net assets or fund balances (explain in Schedule O)		
6	5	0
et assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	. 6	1,159,555
art XII Check if Schedule O contains a response to any question in this Part XII Financial Statements and Reporting	. ✓	
• •		Yes
No 1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in	
2a Were the organization's financial statements compiled or reviewed by an independent a	accountant?	ı
		. 2b
Were the organization's financial statements audited by an independent accountant?		

3a Yes

3b Yes Form **990** (2010)

If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Both consolidated and separated basis

2c

Separate basis

Consolidated basis

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data		Return to Form]	
	Software ID:			
	Software ID: Software Version:			
Form 990, Special Condition Description:				
	Special Condition Description			